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OFFICE OF THE DIRECTOR

[redacted]gust 2, 1951

Mr. William H. Jackson, Deputy Director
Central Intelligence Agency
2430 E Street N.W.
Washington, D. C.

Dear Mr. Jackson:

At your request I spent Friday and Saturday, July 27 and 28, undertaking a survey of the Medical Office. The study was relatively cursory due to the limitation of time. Those with whom the survey was discussed were, including yourself, General Smith, Mr. Wolf, 25X1A9A [redacted] Dr. Tietjen, Dr. Leonard Sheele, Surgeon General of U.S. Public Health Service, and [redacted] psychiatry to the Medical Office. Dr. Tietjen provided most of the pertinent information. 25X1A5A1

The Dispensary is organized under the provisions of Public Law 658 and, so far as I can determine through Dr. Tietjen and the Surgeon General of the U.S. Public Health Service, the activities of the Dispensary comply with the law. It operates along the lines of a commercial employees' health service with many of the same functions: treatment of minor accidents and illnesses occurring on the job, physical evaluation of new employees and those assigned to overseas stations; general diagnostic work; immunization procedures; and general medical programming such as yearly chest X-rays and education. The Dispensary appears to be well organized to carry out these functions efficiently.

The professional credentials of the medical personnel and consultants were examined and appeared to be satisfactory. Although the doctors assigned to the Dispensary have not been certified by any specialty boards, they are sufficiently well trained to recognize conditions beyond their competence to diagnose. When such occasions arise, patients are referred to the consultants through whom additional consultations, diagnostic procedures or hospitalization can be arranged. Three of the four consultants are certified by their specialty boards: internal medicine, surgery, and psychiatry.

The physical facilities of the Dispensary appear adequate, especially if the plans under consideration by the Chief are carried through. Equipment is standard.

The disposition of patients ordinarily is by referral to their private physicians for treatment. In compensation cases where injury or disease is referrable to the employee's work, the cases are referred to the Bureau of Employees Compensation of the Department of Labor for determination of compensability. If the case is adjudged compensable, it is referred to the U.S. Public Health Service which is responsible for treatment. In the case of minor compensable injuries which can be treated on an ambulatory basis, the Dispensary is said to be approved for such treatment by the Bureau of Employees Compensation.

In summary, it appears to me that the Dispensary is satisfactorily organized, manned and equipped to carry out its mission with one exception. It would be desirable to add to the present roster of consultants which now consists of an internist, psychiatrist, surgeon, and otolaryngologist. It is suggested that the specialties of genito-urinary surgery, gynecology and radiology be represented. In this regard, Dr. Tietjen informed me that he will shortly have a radiological consultant. In the meantime, facilities of the Walter Reed Hospital are used for this purpose.

It is in the broader responsibilities of training, research, liaison and medical support for OPC missions that problems arise. I propose to discuss each problem individually and suggest a possible solution.

1. The paramount question is whether Dr. Tietjen is qualified to head up the broad program assigned to the Medical Office. His medical training is mediocre, particularly with respect to post-graduate training. However, his duties are primarily administrative and he recognizes the need of qualified medical consultants and of thorough training for medical officers working under him.

I came away with considerable confidence in Dr. Tietjen's administrative ability and judgment. This confidence is based principally on the sound organization of the Dispensary, his apparent ability to select capable medical officers, his progressive program for the recruitment of technicians, and his attitude toward the procurement of career doctors for the Agency. He seems to be honest and direct. He exhibited considerable force and conviction in discussing professional problems. He is, however, unquestionably frustrated because of a lack of knowledge of future plans which makes it difficult for him to estimate future requirements, especially for personnel and supplies.

It is impossible to estimate how great a load of responsibility he may be capable of assuming. However, I am convinced that for the present he could forward the interests of the Agency to better advantage if he had an administrative consultant who would lend a sympathetic ear to his problems, could guide him in broad policy and assist him in the presentation of medical plans to the operating arms of the Agency. Such a person should have broad experience in govern-

ment and medical logistics, possibly a retired Army officer who has held positions of great responsibility, who has high medical ideals and who has been generally accepted and admired in medical and governmental circles.

2. It seems essential that every possible precaution be taken to forestall the employment of individuals for important missions whose emotional stability could be questioned. It is my understanding that a determination of emotional stability is at present made by an operating arm of the Agency. Such determination might better be the responsibility of the Medical Office. The current Table of Organization provides for a psychiatrist of Grade GS-14. It seems unlikely that a properly qualified and certified psychiatrist could be attracted to the work at this salary level. It is therefore suggested that a young psychiatrist, with possibly three years of training, be procured and that difficult psychiatric problems beyond his competence be referred [redacted] With the assistance of the consultant, the psychiatrist could establish a research program to determine which tests will most successfully discover latent emotional instability in individuals who will be subject to stress in the accomplishment of important and difficult missions.

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3. Under current operating procedures, medical data are said to be transmitted through command channels. Situations may occur where an honest difference of opinion between the station chief and the attached medical personnel will arise, especially in the case of psychiatric disorders. A medical officer may recognize early signs of a psychosis which will not be obvious to the station chief. It is therefore suggested that organizational arrangements be made whereby technical channels can be established to permit direct communication between medical officers in the field and the Medical Office.

4. Dr. Tietjen presented three difficulties in the procurement of career doctors:

a. Because there is doubt in the minds of prospective medical employees that the Agency and its branches will be permanent, doctors hesitate to accept employment on a career basis. Reassurance that the Agency is here to stay (if that is the case) should help to dispel this doubt.

b. At present young doctors eligible for the doctor draft can be procured for a period equivalent to that which they would be required to serve in the armed forces. This is made possible through what is said to be an informal arrangement with the Department of Defense to the effect that doctors serving in the Agency will be considered in the same category with respect to the draft as those who have served an equivalent time in the armed forces. This will undoubtedly result in a rapid turnover of medical personnel.

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c. Doctors, especially those whose post-graduate training has not been completed, are desirous of increasing their professional knowledge and, by so doing, of receiving credit towards certification by specialty boards. Work for the Agency is professionally anonymous; it is said to provide no professional recognition or credit towards professional advancement.

It is suggested that the feasibility be considered of providing paid residency training for doctors in recognized teaching hospitals in exchange for a specified term of active service with the Agency. A similar program has been carried out by the armed forces and the U.S. Public Health Service. Such a program might be initiated in cooperation with or actually within the framework of the latter agency. It would serve the purpose of providing an educational experience for prospective career doctors which would earn them credits toward specialty certification.

It is doubtful that specialty boards in cooperation with the Council on Medical Education and Hospitals of the American Medical Association would grant credit toward certification for active service with the Agency except under conditions where the doctors are working under the supervision of qualified and certified specialists, preferably in a hospital environment. However, the possibility of receiving limited credit for active service might be discussed with the secretary of the Council.

5. Dr. Tietjen informed me that the Medical Office is responsible for conducting a three day course in first aid and survival for operatives who will have no access to medical assistance. I did not examine the curriculum. However, one wonders whether three days of intensive study is adequate. It might be wise to undertake a review of the course and the time allotted to it.

In conclusion, it must be emphasized that most of the information on which this survey was based came directly from Dr. Tietjen. There was little opportunity for cross checking other than by direct observation. Dr. Tietjen deserves credit for many of the suggestions made above.

Sincerely yours,

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HNP:m